

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

10827247

CLAIMS

	ADDED		ADDED		ADDED	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	3					
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
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48						
49						
50						
TOTAL IND.	1					
TOTAL DEP.	3	←	←	←		
TOTAL CLAIMS	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	IND	DEP	IND	DEP	IND	DEP
51						
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99						
100						
TOTAL IND.		↓				
TOTAL DEP.		←	←	↓		
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]